1 2 3	DISTRICT OF CANA
5	E-filing Sy
7 8 9	
10 11	UNITEDSTATES OF AMERICA Plaintiff, CASE NO. 075
12 13	VS. THE PEOPLE OF tHE State of OALI FORMA PAUPERIS PRISONER'S APPLICATION TO PROCEED IN FORMA PAUPERIS
14 15	EOMUND 6. BROWN Defendant.
16	I, VINCENT ROSCUBACION, declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief. I ALSO STATE THE FINANCIALS ARE ESTIMATES
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No
24 25	If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:
26	Gross: Net:
27	Employer:
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1	If the answer is "no," state the date of last employment and the amount of the gross and net								
2	salary and wages per month which you received. (If you are imprisoned, specify the last								
3	place of employment prior to imprisonment.)								
4	Approximately OCT 2006 HOME CARE OPTIONS								
5	\$3000 MONTH FULLTIME 1500 MONTH PARTTIME								
6									
7	2. Have you received, within the past twelve (12) months, any money from any of the								
8	following sources:								
9	a. Business, Profession or Yes No								
10	self employment								
11	b. Income from stocks, bonds, Yes No								
12	or royalties?								
13	c. Rent payments? Yes No								
14	d. Pensions, annuities, or Yes No								
15	life insurance payments?								
16	e. Federal or State welfare payments, Yes No								
17	Social Security or other govern-								
18	ment source?								
19	If the answer is "yes" to any of the above, describe each source of money and state the amount								
20	received from each.								
21	yes-Hospital welfare 12.50 mouth								
22	YES-AUTHOR HOUSE PUB 3.25 BOOK								
23	3. Are you married? Yes No								
24	Spouse's Full Name:								
25	Spouse's Place of Employment:								
26	Spouse's Monthly Salary, Wages or Income:								
27	Gross \$ Net \$								
28	4. a. List amount you contribute to your spouse's support:\$								
- 11									

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1	9. Do you have any other debts? (List current obligations, indicating amounts and to							
2	whom they are payable. Do <u>not</u> include account numbers.)							
3	STUDENTLOANS Approximately \$5-0,000							
4	CREDIT CARO Debt Approximately \$5-10,000							
5	10. Does the complaint which you are seeking to file raise claims that have been presented							
6	in other lawsuits? Yes Vo No							
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in							
8	which they were filed.							
9	NOT SURE?							
10								
1.1	I consent to prison officials withdrawing from my trust account and paying to the court							
12	the initial partial filing fee and all installment payments required by the court.							
13	I declare under the penalty of perjury that the foregoing is true and correct and							
14	understand that a false statement herein may result in the dismissal of my claims.							
15	21-11-12							
16	2/24/08 Vincent Rosenbalm							
17	DATE SIGNATURE OF APPLICANT							
18	THE FINANCIALS ARE APPROximate							
19	estimates.							
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2	(40) 075
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8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of Vincent Rosenhalm for the last six months
14	Nasa State Hospital [prisoner name] where (s) he is confined.
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were \$ 19.30 and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$
18	\mathcal{L}
19	Dated: 2/27/08 James
20	[Authorized officer of the institution]
21	
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CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).

2/27/2008 4:13:26PM

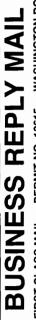
NAPA STATE HOSPITAL TRUST ACCOUNT / CASHIERS' SYSTEM II

Page 1 of 1

Patient Ledger Report

2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	08/27/2007	13-153936	Cash Disbursement	cl v158	\$12.50		\$5.00
2	09/24/2007	18-075238	AB1013 Funds	\$12.50 Receipts		\$12.50	\$17.50
3	09/24/2007	13-154124	Cash Disbursement	cl v234	\$12.50		\$5.00
4	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
5	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
6	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
7	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
8	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
9	12/03/2007	16-75436	CK-AUTHOR HOUSE	BLOOMINGTON IN		\$3.25	\$3.25
			1663 LIBERTY DR	47403			
			STE 200				
10	12/11/2007	16-75478	CCK-UNKNOWN	CCK-UNKNOWN		\$50.00	\$53.25
			SENDER	SENDER			
11	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
12	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
13	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
14	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
15	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
16	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
17	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00



UNITED STATES

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC POSTAGE WILL BE PAID BY UNITED STATES COURTS

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SAN FRANCISCO CA 94102-9680